

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 4: Assessment</b>	<b>Effective Date:</b> January 1, 2012
	<b>Section 32: Child and Adolescent Needs and Strengths (CANS) Assessment</b>	<b>Version:</b> 2

**POLICY [REVISED]**

The Indiana Department of Child Services (DCS) utilizes the Child and Adolescent Needs and Strengths (CANS) Assessment to document and communicate the strengths and needs of the child to assist in determining the appropriate level of behavioral health services for the child. The CANS will be the basis for planning individualized services for children based on their identified strengths and needs. The CANS Assessment will also play a critical role in informed decision making regarding the category of placement recommended for a child once the decision to place has been made.

**The DARMHA Database**

The CANS will be completed by DCS staff in the Data Assessment Registry Mental Health and Addictions ([DARMHA](#)) database. When completed, the CANS instrument will produce a behavioral health recommendation. If a child will be placed out-of-home, the FCM should indicate the DCS decision to remove/place the child within the CANS to generate the CANS placement recommendation.

To gain access into DARMHA, individuals must register in the system by completing the DARMHA [Individual User and Confidentiality Agreement Form](#). For further information on CANS certification see the [DCS CANS/DARMHA User Guide](#) or contact a SuperUser at your DCS local office or the DCS CANS mailbox at [DCS.CANS@dcs.in.gov](mailto:DCS.CANS@dcs.in.gov).

The DARMHA database includes five (5) versions of the Indiana CANS assessment; CANS Comprehensive 5-17; Comprehensive Birth-5; short 5-17; Short Birth-5; and Crisis Assessment Tool. DCS will use the Comprehensive Birth-5 and 5-17 as well as the Short Birth-5 and 5-17 tools as indicated based on the age of the child and case juncture as outlined below. DCS will not use the Crisis Assessment Tool.

**[NEW] Note:** For children who are age five (5), FCMs should use the version that will best address the child's developmental needs. For example, consider the child's school involvement. If the child is in school (kindergarten through grade 12), use the CANS 5 to 17. For youth who are age 18+ years, FCMs should use the CANS 5 to 17. For youth 18+ years that do not have a Caregiver, rate the youth's own ability to fulfill the following caregiver functions/items: Supervision, Knowledge, Organization, and Residential Stability. Mark remaining items N/A (they are reflected in other items). If the youth has family or an unpaid caregiver, rate that person or persons regarding their ability to fulfill the caregiver functions. This modification allows the Behavioral Health algorithm to function.

**[REVISED] Initial CANS Assessment**

DCS will complete an Initial CANS Assessment (short or comprehensive) for each child in the home when:

1. The substantiated assessment has been closed without opening a case;
2. A program of Informal Adjustment (IA) has been initiated;
3. An In-Home Child in Need of Services (CHINS) has been initiated; and/or
4. Children are placed Out-of-Home during a CA/N assessment.

DCS may complete a Short or Comprehensive CANS during the DCS Assessment phase. DCS will complete a Comprehensive CANS Assessment if any needs item is rated a 2 or 3 within the Short CANS Assessment (see practice guidance)

**[NEW]** When completing a CANS assessment on a child and his or her family, the Family Case Manager (FCM) should first gather information from readily available sources, which may include the child, the family, the Court Appointed Special Advocate (CASA), the Guardian Ad Litem (GAL), foster parents, service providers, the school, and others with relevant information.

DCS will complete a Comprehensive CANS Assessment prior to the development of the Program of Informal Adjustment (IA-R 3091109) or Case Plan ([SF 2956/DCS0046](#)). DCS will engage the CFT to assist in identifying the child's strengths and needs in order to determine the appropriate level of services for the child and family, using the CANS ratings and recommendations as guidance.

**Note:** All needs items rated a 2 or 3 on the CANS should be addressed in the Program of Informal Adjustment (IA-R 3091109) or Case Plan ([SF 2956/DCS0046](#)). Strengths rated a 0 or 1 on the CANS can also be central or useful to strength-based planning.

The CFT will also review the family's [Initial Safety Assessment](#) and the [Initial Family Risk Assessment](#) to assist in identifying the family's needs and corresponding services. See separate policy, [5.10 Family Services](#). The FCM should also engage the CFT in determining the service level and service type for each family. See separate policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#).

### **CANS Re-Assessment**

DCS will continue to update the Comprehensive CANS every 180 days and at critical case junctures during the life of the case.

### **CRITICAL CASE JUNCTURES**

A critical case juncture is an event or episode involving the child or family that may cause a disruption (e.g. trial home visits, potential placement disruptions, new abuse or neglect allegations, potential runaway situations, pregnancy of the child, lack of parental contact, adoption placements, etc.). DCS will update the Comprehensive CANS at critical case junctures throughout the life of the case.

### **CANS Transition/Discharge**

DCS will complete a Comprehensive CANS upon closing all ongoing cases.

### **Service(s) and Placement Type Determination**

## **[REVISED] CANS RECOMMENDATIONS**

### **CANS Behavioral Health Recommendations**

When the Short or Comprehensive CANS, Birth-5 or 5-17 Assessment is completed in [DARMHA](#), the behavioral health decision model will run, producing one of the following recommendations:

0. No Treatment Services Indicated
1. Outpatient
2. Entry Level Behavioral Health (Birth-5) or Outpatient with Limited Case Management (5-17)
3. Supportive Community Services
4. Intensive Community Services: Wraparound
5. Intensive Community Services: Community Alternative to Psychiatric Residential Treatment Facility (CA-PRTF Grant)
6. Intensive Services: CA-PRTF Grant, PRTF or State hospital

### **[REVISED] CANS Placement Recommendations**

DCS will utilize the CANS placement recommendation to assist the CFT in determining the appropriate category of placement to support a child's individual needs. When the FCM indicates on the CANS tool that DCS or the court decided to remove / place the child, the CANS placement decision model will run, producing one of the following recommendations:

#### **Foster Care**

This is the minimum placement level recommended on the CANS for all children identified as removed/placed by DCS. The child's needs can be met in a family and community setting with access to school, friends and community-based resources. Child may have a history of mild behavioral/emotional needs that require a low level of service (such as outpatient therapy).

#### **Foster Care with Services/Moderate Foster Care**

This indicates the child has a moderate developmental, behavioral/emotional need. In addition to foster care in the community, the child, family and resource family may be supported with treatment and support services to address and manage identified needs.

#### **Therapeutic Foster Care**

This indicates the child has either a severe medical, developmental or behavioral/emotional need, or a high-risk behavior, that is moderate to severe. In addition to foster care in the community, the child, family and foster family are supported with treatment and support services to address and manage identified needs.

**Note:** A child may also have a combination of any of the above needs.

#### **Group Home**

This indicates the child age 12 or older has a moderate developmental, sexual aggression, physical, medical, or delinquency need that may require placement in a specialty program provided in a Group Home setting if a suitable resource home is unable to meet this level of service and supervision intensity.

#### **Residential**

This indicates the child age 12 or older has a severe developmental, sexual aggression, physical or medical, and/or delinquency need that may require placement in a specialty program provided in a Residential setting if a suitable resource home is unable to meet this level of service and supervision intensity.

### **Placement Decision-Making**

1. If an out-of-home placement is needed, the FCM will first search for an appropriate relative placement and utilize the CANS behavioral health and placement recommendations to determine any additional services needed to support the relative placement.
2. If an appropriate relative is not identified and a non-relative placement is needed, the FCM will then search for an appropriate licensed foster care home (DCS or Licensed Child Placing Agency (LCPA) and utilize the CANS behavioral health and placement recommendations to determine any additional services which are needed to support the licensed foster home placement.
3. If the CANS placement recommendation is Group Home or Residential Facility, the FCM will review the CANS ratings to determine the needs of the child. The FCM should then determine if the child should be placed in a residential setting or be maintained in a lower category of supervision such as a relative placement or licensed foster home with services. The FCM should then search for an appropriate placement setting to meet the identified needs of the child.
4. Any placement of a child in a placement type other than the CANS placement recommendation will require the DCS Local Office Director or their designee's approval.
5. Placement in a residential facility will require approval from the Residential Placement Committee. DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policy. See separate policy, [8.4 Residential Care Review and Approval](#).

#### Code Reference

N/A

<b>PROCEDURE</b>
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### **[REVISED] Substantiated and Closed CA/N Assessments**

For all substantiated CA/N assessments that are closed without opening a case, the FCM will:

1. Gather information necessary to complete the CANS Assessment;
2. Complete the Initial CANS Assessment within five (5) days of the CA/N assessment finding; and
3. Provide community service information and referral to the child's parent, guardian or custodian as appropriate for the Behavioral Health Recommendation.

### **Informal Adjustments (IAs) and In-Home Child in Need of Services (CHINS)**

For all IAs and In-Home CHINS assessments, the FCM will:

1. Gather information necessary to complete the CANS Assessment;
2. Complete the Initial CANS Assessment within five (5) days of the CA/N assessment finding;
3. **[REVISED]** For all Informal Adjustments and In-Home CHINS, if an item is rated a 2 or 3 on the Short CANS Assessment, then the Comprehensive CANS

Assessment must be completed within thirty (30) days of completion of the Short CANS or prior to development of the [Progress Report on the Progress of Informal Adjustment \(IA ProgRptR1073008\)](#) or [Case Plan \(SF 2956/DCS0046\)](#), whichever is first. See separate policy, [5.8 Developing the Case Plan](#);

4. Complete "additional steps" below.

**Placement Out-of-Home during the Child Abuse and/or Neglect (CA/N) Assessment and Out-of-Home Child and Need of Services (CHINS)**

For all children placed out-of-home during the CA/N assessment, the FCM will:

1. Gather information necessary to complete the CANS;
2. Complete the Initial CANS Assessment:
  - a. Prior to placement, or
  - b. Within five (5) days of removal or opening the case if there was an "emergency" removal;
3. The Comprehensive CANS Assessment must be completed within thirty (30) days of completion of the Short CANS or prior to development of the [Case Plan \(SF 2956/DCS0046\)](#), whichever is first. See separate policy, [5.8 Developing the Case Plan](#); and
4. Complete "additional steps" below.

**Critical Case Junctures**

For all children or families who are involved in a critical case juncture (e.g., any time there is an apparent change in the child or family needs that might require a different intensity of services), the FCM will:

1. Complete the Comprehensive CANS Assessment within five (5) days of the beginning of the event, unless a placement change is necessary which would require a Comprehensive CANS Assessment prior to placement; and
2. Complete "Additional Steps" below.

**Additional Steps for All CANS Assessments**

In addition to the steps listed above, the FCM must complete the following for all CANS Assessments:

1. After completion of the CANS Assessment, discuss the appropriateness of the recommendations first with the parent, guardian, or custodian during the CFTM prep meeting. Distribute copies of the CANS assessment and prompt discussion of the ratings and recommendations with the CFT members. Should the CFT members significantly disagree on any of the needs ratings, behavioral health or placement recommendations those disagreements may be addressed in the CFTM or other team meeting in order to build consensus among team members;
2. If it is determined that the child should be placed at a category lower than the CANS recommendation, seek the DCS Local Office Director or his or her designee's approval and document in Indiana Child Welfare Information System prior to placing;
3. If it is determined that the child should be placed at a category higher than the CANS recommendation, seek the DCS Local Office Director or his or her designee's approval and document in the Indiana Child Welfare Information System prior to placing;
4. Document all behavioral health recommendations and decisions in the 'Comments' portion of the [Case Plan \(SF 2956/DCS0046\)](#). [Progress Report on Program of Informal Adjustment \(IAProgRptR1073008\)](#) for all IAs.

5. Document the placement recommendation and decisions in the 'Placement' portion of the [Case Plan \(SF 2956/DCS0046\)](#);
6. Print a hard copy of the CANS Assessment and recommendation and place in the child's file;
7. Provide a copy of the CANS Assessment and recommendation to the child's parent(s), guardian or custodian if the case plan goal is reunification and provide a copy to service or placement providers and Child and Family Team members as appropriate.
8. Document the CANS results in the Indiana Child Welfare Information System;
9. **[REVISED]** Complete a CANS Assessment every 180 days when updating the [Case Plan \(SF 2956/DCS0046\)](#), to develop an IA or at critical case junctures, using the Comprehensive CANS tool. This is not applicable when CA/N has been substantiated and the assessment has been closed; and
10. **[REVISED]** Modify [Case Plan \(SF 2956/DCS0046\)](#) or [Program of Informal Adjustment \(IA-R3091109\)](#) based on progress and changing needs of youth and family. This is not applicable when CA/N has been substantiated and the assessment has been closed.

The Supervisor will:

1. Discuss any questions or concerns the FCM may have regarding the CANS Assessment ratings and/or its recommendations;
2. Monitor the quality of the FCM's CANS Assessments on an ongoing basis; and
3. Monitor the FCM's CANS certification and recertification.

The DCS Local Office Director or his or her designee's will:

1. Discuss any questions or concerns the Supervisor and FCM may have regarding placements at a higher category of care than the CANS recommendation or any placements in residential facilities; and
2. Make a final decision regarding requests to place a child in a higher category of care than the CANS recommends or requests to place a child in a residential facility and inform the Supervisor and FCM of his or her decision.

## **PRACTICE GUIDANCE**

The [CANS Friendly Interview Guide](#) can be referenced for suggested questions when conducting the CANS Assessment. CANS users may want to look at the questions for tips and/or ideas about asking sensitive questions in a manner that is respectful to youth and parents. However, good practice is to engage the family and child in telling their story, guiding the conversation to cover relevant issues. The interview guide is not a required strategy for collecting information to complete the CANS. Rather, the interview guide is intended for use as an aide or supplement to the CANS.

Additional documents are available on the [DHARMA](#) documents webs page to assist in accurately rating each CANS measure such as the Indiana CANS Manuals, Score sheets, and Glossary.

The FCM and Supervisor should determine if the Short or Comprehensive CANS Assessment is most appropriate in this situation based on the amount of information they have available at the time of the assessment. DCS may complete a Short CANS at this time unless the child scores a 2 or 3 on specific measures. If the child scores a 2 or

3 on the Adjustment to Trauma, Substance Use, Danger to Others, Sexual Aggression, Runaway, Delinquency, Fire Setting, School Functioning and/or Developmental measures, DCS will complete the Comprehensive CANS.

## FORMS AND TOOLS

1. [Case Plan \(SF 2956/DCS0046\)](#) - Available in the Indiana Child Welfare Information System
2. [Program of Informal Adjustment \(IA-R3091109\)](#)
3. [Safety Assessment](#) - Available in the Indiana Child Welfare Information System
4. [Strengths and Needs Assessment](#) - Available in the Indiana Child Welfare Information System
5. [Risk Assessment](#) - Available in the Indiana Child Welfare Information System
6. [CANS Friendly Interview Guide](#)
7. [DARHMA](#)
8. [DARMHA Documents Page](#)
9. [Communimetrics](#)
10. [DCS CANS/DARMHA User Guide-Available in hard copy](#)

## RELATED INFORMATION

### **[REVISED] CANS CERTIFICATION**

All DCS Field Staff must certify using the web-based training available through the Communimetrics database at [www.communimetrics.com/CansCentralIndiana](http://www.communimetrics.com/CansCentralIndiana). A reliability rating of .70 or higher is required for certification. Periodic re-certification is required based on reliability ratings as follows:

- >.80 valid for two (2) years
- .75 to .80 valid for one (1) year
- .70 to .75 valid for six (6) months

All FCM Supervisors must attend SuperUser classroom training in order to become certified as a CANS SuperUser. A SuperUser receives additional training on how to train and mentor CANS users and is required to achieve a reliability rating of .75 or higher in the CANS. FCM Supervisors must attend a SuperUser Booster training annually from previous date attended, to maintain SuperUser status. Recertification must be completed through the Communimetrics database.

Once FCM Supervisors are certified as SuperUsers, they are responsible for assisting FCMs in their DCS local office in becoming and maintaining CANS Certification.